

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Democratic Party of Illinois</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00167015	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Alario Media, LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 19 / 2016</b>		
Mailing Address <b>1501 W Fullerton Ave</b> <b># 3</b>		Amount <b>115278.00</b>		
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60614-9021</b>	Transaction ID : <b>VQZK5AAMCM6</b>	
Purpose of Expenditure <b>Radio Ad</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 14 / 2016</b>	
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>221943.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Charles Colbert Communications Corp</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 18 / 2016</b>		
Mailing Address <b>2260 Comstock Ln</b>		Amount <b>106665.00</b>		
City <b>Naperville</b>	State <b>IL</b>	Zip Code <b>60564-4329</b>	Transaction ID : <b>VQZK5AAMCJ0</b>	
Purpose of Expenditure <b>Radio Ad</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 07 / 2016</b>	
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>221943.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>221943.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....		<b>221943.00</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>Kasper, Michael, , ,</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>10 / 20 / 2016</b>